

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8595



**Board for Asbestos, Lead, and Home Inspectors
INSPECTOR/PROJECT DESIGNER CONTRACTOR DISCLOSURE FORM**

THE COMPLETED FORM MUST BE AVAILABLE FOR REVIEW AT THE ASBESTOS PROJECT SITE

Building Owner or Agent _____
Virginia Asbestos Contractor _____
Virginia Asbestos Contractor License Number 3 3 0 6

Pursuant to 18 VAC 15-20-453 of the *Virginia Asbestos Licensing Regulations*, I hereby acknowledge that the Virginia Licensed Asbestos Contractor has an employee/employer relationship with or financial interest in the Virginia Licensed Asbestos Inspector and/or Project Designer working on this asbestos project. I understand that according to Virginia asbestos licensing regulations this form must be signed and dated by the building owner or his agent and the asbestos contractor prior to bid and contract submission. I also understand as the building owner, I must provide a copy of this form to all parties involved on the project should the building owner award the contract to this contractor and that this completed form must be available upon demand at the asbestos project site.

Building Owner or Agent Signature _____ Date _____
Asbestos Contractor Signature _____ Date _____